Recreational Youth Programs

Summer Camp Information Form

Participant Name:	
DOB:/ Residential Addres	s:
Parent/Guardian 1:	Relationship:
Phone 1: (Phone 2: ()
Parent/Guardian 2:	Relationship:
Phone 1: (Phone 2: ()
E-mail:	
T-shirt Size*: Youth/Adult S M L	XL (*while supplies last)
Additional person(s) permitted to pick up p	participant other than Parent/Guardian listed above:
Name:	_ Phone: () Relationship:
Name:	_ Phone: () Relationship:
Emergency Contacts other than Parent/Gua	ardian listed above:
Name:	_ Phone: () Relationship:
Name:	_ Phone: () Relationship:
Can the participant swim? Yes No	Require lifejacket (no deep end allowed)
	e provide one with the participant's name clearly written on the life n all personal properties (i.e. bags, medications, clothing, etc.).
Does the participant require a booster seat	during transportation?
Does the participant have any known allerg	gies (i.e. food, drug, insect, plant, etc.)? Yes No
If YES, please specify:	
Does the participant have any dietary need	ls or restrictions (i.e. gluten free, vegetarian, etc.)? Yes No
If YES, please specify:	
Does the participant have any existing illne	sses, injury, or medical conditions? Yes No
If YES, please specify:	

Is the participant currently on any medications? Yes No	
If YES, will the participant be taking medication during program hours*? Yes No	
*If YES, please fill out Medication Sign In/Out form available the first day of camp.	
Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity. Please note that the City cannot provide personal assistance to the participant:	
Additional information if needed:	